

PATENT APPLICATION
Docket No. P01404US3
(SR# 11487/1216)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael J. Botich
Application No.: 10/698,763
Filed: October 31, 1003
For: FLUID COLLECTION DEVICE WITH
CAPTURED RETRACTABLE
NEEDLE
Group Art Unit: 3763
Examiner: Theodore J. Stigell
Customer No.: 65008

Confirmation No.
2804

TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS:

Enclosed for filing in the above-referenced application are the following:

- ☒ Amendment and Response to Office Action (16 pgs.)
- ☒ Amendment Transmittal Letter (1 pg.)

The Commissioner is authorized to charge any additional fees required in connection with the filing of these papers, or credit overpayment, to **Deposit Account No. 50-2375**.

By /Kevin B. Laurence/
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Certificate of Mailing or Transmission

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the USPTO via the EFS-Web electronic filing system or Facsimile (801-578-6932) on the date set forth below, or being deposited with the USPS as First Class Mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

/Carol I. Archuleta/
Carol I. Archuleta

Date: March 16, 2009

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. P01404US3 (11487/1216)	
Applicant(s): Botich et al.						
Application No. 10/698,763	Filing Date October 31, 2003	Examiner Theodore J. Stigell	Customer No. 65008	Group Art Unit 3763	Confirmation No. 2804	
Invention: FLUID COLLECTION DEVICE WITH CAPTURED RETRACTABLE NEEDLE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	18 -	20 =	0	x \$52.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$220.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
/Kevin B. Laurence/ <i>Signature</i>			Dated: March 16, 2009			
Kevin B. Laurence Stoel Rives LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, UT 84111 Telephone: 801-578-6932 Facsimile: 801-578-6999			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>			
CC:						